

CHANGE OF ADDRESS/NAME

PLEASE COMPLETE AND SIGN THIS FORM IF THE BUSINESS HAS MOVED AND/OR CHANGED ITS NAME. MAIL TO: SALES, USE & BUSINESS TAX DIVISION, PO BOX 327710, MONTGOMERY AL 36132-7710. PLEASE INCLUDE ANY COMMENTS ON BACK OF THIS FORM.

ACCOUNT NUMBER	DATE OF CHANGE	F E I N	PLEASE INDICATE NATURE OF CHANGE: <input type="checkbox"/> Change of mailing address only. <input type="checkbox"/> Change of business location only. <input type="checkbox"/> Change of business location and mailing address. <input type="checkbox"/> Change of ownership. <input type="checkbox"/> Change of name only (Same owner(s)).
PREVIOUS NAME AND ADDRESS		NEW NAME AND ADDRESS	
SIGNATURE _____ PHONE NO. _____		NEW BUSINESS LOCATION: County _____ City _____	PLEASE CHECK ONE OF THE FOLLOWING: <input type="checkbox"/> CORPORATE LIMITS <input type="checkbox"/> POLICE JURISDICTION <input type="checkbox"/> OUTSIDE CORP. LIMITS & POLICE JURISDICTION

Additional Instructions:

Change of ownership - New owner must complete new application.

Change of name only (Same owner(s)) - Supporting documentation must be included (i.e. amendment to articles, partners signature).